

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033376

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MAGIC MEMORIES PHOTOBOOTH, LLC

**Current Principal Place of Business:**

1143 N. LYLE AVE.  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2016  
LECANTO, FL 34460

**New Mailing Address:**

FEI Number: 61-1558552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAYLOR, KEITH R ESQ  
1143 N. LYLE AVE.  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROWN, SALLY  
Address: 724 NE HIGHWAY 19  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM ( ) Delete  
Name: TAYLOR, JULIE  
Address: PO BOX 2016  
City-St-Zip: LECANTO, FL 34460

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JULIE K. TAYLOR

MGMR

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date